

# MPR Indicator Guide – Section H

## Cycle 3

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## Plan Review

### MPR 1- Plan Review

#### 1. Materials necessary for auditing the MPR

- Plan review log book or tracking system
- Facility files selected for the review
- Department's program policy manual

#### 2. Sample Selection

- Use "Annex 6 - Office Sample Size Chart" to determine the number of records for review. The maximum sample size is ten (10).
- Follow "Annex 5 - Approved Random Sampling Methods" guide to select the sample.
- Using the logbook, randomly select the records for review for establishments that have been constructed, altered, converted, or remodeled since the last review cycle. Limit the sample to only those establishments for which the plan review process has been fully completed. A field visit will be made to four (4) of the selected establishments that have undergone either complete construction or significant remodeling. If possible, the establishments for the field visit should be independently owned and less than 1.5 years old. The findings of the field evaluation component will be documented under MPR 12.

#### 3. Program Indicators

- Does the department review complete sets of plans and specifications?
  - a) Application form/Transmittal letter
  - b) Completed worksheet
  - c) Menu
  - d) Standard Operating Procedures (required beginning October 1, 2004. To be evaluated beginning October 1, 2007).\*
  - e) Scaled drawings\*\*
  - f) Layout (plans)
  - g) Ventilation hood locations (plans)
  - h) Plumbing (plans)
  - i) Lighting (plans and/or specifications)
  - j) Equipment specifications (specifications)

\*Acceptable SOP Documentation:

1. A notation on the plan review checklist to indicate either:

- SOPs have been submitted in compliance with the requirements of the Food Code, or
- SOPs are not required (construction does not affect operation – i.e. new walk-in cooler)

OR

2. When SOP's are reviewed just prior to opening, a notation on the pre-opening inspection report to indicate that SOPs have been submitted in compliance with the requirements of the Food Code have been established.

OR

3. Use of the "SOP Cover Sheet" which was designed to document SOP review.

Actual SOP documents do not have to be maintained in the plan review file, since they may consist of CD's, video's, etc. or an office may maintain a copy of a chain's SOP's in a central file.

\*\*Scaled drawings means either:

- a) Drawings that are proportional between two sets of dimensions (i.e. 1/4 inch of the drawing = 1 foot of the actual object) **OR**
- b) All objects on the drawing are proportional in size to each other. Dimensions are included.

Is the plan review process properly documented?

- a) Use of a plan review checklist.
  - b) Calculations to show what is needed and what is proposed for hot water, dry storage, and refrigerated storage for all establishments. Applicant is informed in writing of any deficiencies.
  - c) All identified deficiencies are addressed in writing or on revised plans.
  - d) Plan approval letter is in the file that includes a description of the scope of the project, and references the date marked on the approved plans and specifications.
- The evaluation may be terminated when 40% of the records selected for review indicate the MPR is “Not Met”.

#### 4. How to judge compliance with MPR 1

- **Met** –80% of the establishment records evaluated indicate that the department reviews complete sets of plans, and properly documents the plan review process.
- **Met with Conditions**– Overall, the plan review process meets the definition of “Met,” but there are one or two individual elements that are consistently problematic.
- **Not Met** – Overall, the plan review process does not assure complete sets of plans, and the plan review process is poorly documented (give specific examples and percentages).

#### 5. Tips for passing MPR 1

- Attend the Michigan Department of Agriculture’s (MDA’s) plan review training seminar.
- Use MDA’s plan review manual, checklist, calculators, and other plan review form letters and materials.
- Organize the records to be audited. Arrange the files in chronological order. Fasten the material together so that it cannot fall out of the file and become disorganized. Discard materials that were either not required to be submitted or used during the review.
- Review the Sanitarian Training Module on Plan Review.
- Conduct quality control evaluations of selected completed plan reviews.

## Inspections

### MPR 2 – Pre-Opening Inspections

#### 1. Materials necessary for auditing the MPR/Sample Selection

- The files reviewed for MPR 1 – Plan review, are used to evaluate MPR 2

#### 2. Program Indicators

- A copy of the pre-opening inspection report is in the file.
- The inspection report is dated either before or on the same day the license is signed.
- The inspection report has a notation to indicate the establishment is approved to operate.
- The inspection report verifies that there were no critical violations present prior to opening.

#### 3. How to judge compliance with MPR 2

- **Met** –80% of the establishments reviewed had a properly documented pre-opening inspection.
- **Met with Conditions**– Overall, pre-opening inspections are being conducted for at least 80% of the establishments, but there are some minor concerns over documentation.

- **Not Met** – Less than 80% of the establishments received a pre-opening inspection and/or documentation problems are commonplace.

#### 4. Tips for Passing MPR 2

- Conduct pre-opening inspections, and document the results of the inspection with the evaluation indicators for this MPR in mind.
- Remember to check the “pre-opening inspection” box on the inspection report form.
- File the inspection reports in chronological order in the file.

### MPR 3 – Inspection Frequency

#### 1. Materials necessary for auditing the MPR

- MDA print-out of licensed establishments
- Local health department files
- Local health department database (optional)

#### 2. Sample Selection

The sample of fixed food service establishments is used to evaluate MPRs 2, 3, and 4.

- Use “Annex 6 - Office Sample Size Chart” to determine the number of establishments for review.
- Follow “Annex 5 - Approved Random Sampling Methods” guide to select the sample from the MDA licensing printout.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County “A” and 65% are in County “B”).
- From the sample selected, pick a subset of establishments for field review that meet the criteria for MPR 8.
- If possible, make certain the sample includes at least one (1) mobile food service establishment and one (1) STFU.
- Obtain the folder for each of the establishments in the sample.

#### 3. Program Indicators

Discussion: Not all of the establishments in the sample require the same number of inspections. Variations may be due to the fact that some establishments may have either opened or closed during the three (3) year review period. Some may be seasonal operations. Some may have been inspected shortly before the review period thus pushing the first inspection six (6) months back into the review period. Some may be low risk establishments (see MDA 6/2/03 memo). The department may have transitioned from a routine inspection frequency to an Emergency Risked Based Inspection frequency during the review period. The evaluation must take these factors into consideration.

#### Evaluation Method

- Determine the number of inspections that were required and actually conducted during the three (3) year review period. Start with the first inspection in the review period.
  - a) Regular fixed: Count forward from the first inspection in the review period in six (6) month intervals. At each interval, determine if an inspection has been made. Allow one (1) extra month grace period. Determine the percentage of inspections that were made at the required intervals for each folder.

Example folder for Bill's Burgers

Accreditation period: February 10, 2003 – February 10, 2006

First inspection: April 20, 2003

Next routine: November 15, 2003 (ok < 7 months)

Next routine: May 10, 2004

Next routine: Missed – no inspection

Next routine: April 30, 2005

Next routine: November 13, 2005 (ok, <7 months from last insp)

Number of required inspections = six (6)

Number of inspections conducted at proper frequency = five (5)

Percentage of inspections: = 83%

- b) Seasonal fixed and low risk establishments: Determine if one (1) inspection was made during each operating season in the review period. Determine the percentage of inspections that were made at the required interval for each establishment.

Example folder for Spartan High School

Accreditation Period: February 10, 2003 – February 10, 2006

Operating period: September - May

First inspection in period: April 20, 2003

Next routine: February 30, 2004

Next routine: November 30, 2004

Next routine: No inspection (OK- not due until May 2006)

Number of inspections due = three (3)

Number of inspections conducted at proper frequency = three (3)

Percentage of inspections = 100%

#### 4. How to judge compliance with MPR 3

##### Inspection frequency based upon Food Law section 3123

An individual establishment will be considered to meet inspection frequency when 80% of the required routine inspections have been made (i.e. six (6) inspections required, five (5) inspections conducted).

- **Met –80%** of the establishments in the sample meet inspection frequency. Example: 22 establishments in sample. 18 establishments are required to meet inspection frequency.
- **Met with Conditions** – Less than 80% of the establishments in the sample meet inspection frequency, however, at least 80% of the total number of inspections required for all of the establishments in the sample have been conducted. Example: 22 establishments x 2 inspections per year x 3 years = 132 inspections. 80% of 132 = 106.
- **Not Met** – Less than 80% of the establishments meet inspection frequency requirements. Less than 80% of the total number of inspections required for all of the establishments in the sample have been conducted.

##### Inspection frequency using an Emergency Risked Based Inspection Schedule

An individual establishment will be considered to meet inspection frequency when 100% of the required routine inspections have been made.

- **Met** – 80% of the establishments meet inspection frequency (i.e. 22 establishments in sample, 18 meet frequency requirements).
- **Not Met** – Less than 80% of the establishments meet frequency requirements.

#### 6. Tips for Passing MPR 3

- Arrange files in chronological order.
- Make a note in the “Inspection Type” box on the inspection report form if the establishment is either seasonal or is on an Emergency Risk Based Inspection schedule.
- Schedule routine inspections to be conducted five (5) months after the last routine. This will allow a 60-day window for meeting the MPR.
- Plan ahead. When an emergency condition exists, implement the Emergency Risk Based Inspection Schedule before a backlog of inspections occurs.

### MPR 4 - Vending Machine Locations

#### 1. Materials necessary for auditing the MPR

- MDA print-out of licensed vending locations
- Local health department files

#### 2. Sample Selection

- Use “Annex 6 - Office Sample Size Chart” to determine the number of records for review.
- Follow the “Annex 5- Approved Random Sampling Methods” guide to select the sample from the MDA licensing printout.
- Adjust the sample to reflect the percentage of licensed locations for each operator.  
Example: There are two vending machine operators in the jurisdiction.  
Ace Vending Company; 30 locations (71% of total)  
Baker Vending Inc.; 12 locations (29% of total)  
Sample size = 15  
Ace Vending Company = 11 locations (71%x15)  
Baker Vending Inc. = 4 locations (29%x15)

#### 3. Program Indicators

- Determine the frequency that has been selected by the local health department for inspecting vending machine locations. An MDA memo dated June 2, 2003, allows local health departments to reduce inspection frequency using one of two methods.
- Determine the number of inspections that were required for each location and the number of inspections that were actually conducted. Convert this to a percentage of inspections conducted.
- If the local health department’s chosen method for vending machine location inspection frequency results in a “Not Met” condition, MDA will evaluate the data against the other two choices. A “Met” will be awarded if the local health department’s inspection frequency meets one of the other two inspection frequency options.

#### 4. How to judge compliance with MPR 4

- Frequency choice: All vending machine locations are inspected at least once every six (6) months. A vending machine location is considered to meet inspection frequency when 80% of the inspections have been made (i.e. 5 out of 6).
  - **Met** – 80% of the vending machine locations in the sample meet inspection frequency.
  - **Not Met** – Less than 80% of the vending machine locations in the sample meet inspection frequency.

- Frequency choice: Reduced frequency option; One-third of each operator's vending machine locations are inspected each year. Every vending machine location is inspected over a three (3) year period. A vending machine location is considered to meet inspection frequency when 100% of the inspections have been made

**OR**

- Frequency choice: Reduced frequency option; One-tenth of each operator's vending machine locations are inspected every six (6) months. Every vending machine location is inspected over a five (5) year period. A vending machine location is considered to meet inspection frequency when 100% of the inspections have been made.
  - **Met** – 80% of the vending machine locations in the sample meet inspection frequency.
  - **Not Met** – Less than 80% of the vending machine locations in the sample meet inspection frequency.

#### **5. Tips for passing MPR 4**

- Clearly indicate the selected method for inspecting vending machine locations in the policy manual.
- Make a separate folder for each vending machine location.
- Arrange all materials in the folder in chronological order.
- Create a tracking system for keeping on top of vending machine location inspections.

### **MPR 5 – Temporary Food Service Establishment Inspections**

#### **1. Materials necessary for auditing the MPR**

- Local health department temporary food service establishment files (licenses and inspections) for the three (3) year review time period

#### **2. Sample Selection**

- Use the “Annex 6 – Office Sample Size Chart” to determine the number of records for review.
- Use “Annex 5 – Approved Random Sampling Methods” to select the sample.
- Use the total number of temporary food service establishment licenses issued over the past three (3) years as the basis for determining sample size.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County “A” and 65% are in County “B”).
- Select a proportional amount for each year reviewed.

#### **3. Program Indicators**

- Determine if the local health department has conducted an operational inspection of each temporary food service establishment prior to licensure.
- Determine if Sections A, B, and the Food Column of Section F and Attachment A (when used) of the application (FI- 231) and all fields of the license form (FI -229) have been completed. Determine if the temporary food service licensing records (FI-180) are complete with the application date, the inspection date, the date the license was approved, and the sanitarian's signature.
- Determine if a temporary food service license was issued with unresolved critical violations.

An individual licensing record would not be considered to meet the standards if any one of the above conditions is observed.

#### **4. How to judge compliance with MPR 5**

- **Met** – At least 80% of the licensing records in the sample meet the standards.
- **Met with Conditions** – Overall, operational inspections are being properly conducted, and there are no unresolved critical violations in at least 80% of the records in the sample, however, there are some occasional record-keeping problems that tip the scale below the 80% cut-off.
- **Not Met** – Less than 80% of the licensing records in the sample meet the standards.

#### **5. Tips for passing MPR 5**

- Conduct an operational inspection of all temporary food service establishments prior to licensure.
- Use the MDA Food Service Establishment Inspection Report, form FI-214.
- Review the application, license, and inspection reports to make certain they are complete and accurate.
- Do not make “notes” on inspection reports that resemble violations (i.e. hold all cold foods at 41°F and below). Use “Fact Sheets”, “Temporary Food Establishment Operations Checklist”, etc., to convey educational information.
- Conduct a follow-up inspection to verify that any critical violations have been resolved (i.e. inspection noted that no sanitizer is on-site for dishwashing. License is issued to allow cooking to begin with the condition that sanitizer be obtained before any dishwashing. A follow-up is needed to assure compliance).
- Conduct quality assurance reviews of the completed licenses and inspections.

### **MPR 6 - Inspection Procedures**

#### **1. Materials necessary for auditing the MPR/Sample Selection**

The materials and sample used to evaluate MPR 3, 4, 5, are used to evaluate MPR 6.

#### **2. Program Indicators**

- Determine if the department uses an inspection report form approved by the department.
- Administrative information about the establishment’s legal identity, address, and other information is entered on the inspection report form.
- The report findings properly document and identify critical and non-critical violations.
- The inspection report summarizes the findings relative to compliance with the law.
- The report is legible
- The report conveys a clear message.
- The narrative clearly states the violations observed and necessary corrections.
- Time frames for correcting critical and non-critical violations are specified.
- The inspection report is signed and dated by the sanitarian.
- The inspection report is signed by an establishment representative.
- Information about the corrective action is described on the inspection report for follow-up inspections. This includes violations that are corrected at the time of inspection.
- A separate report form is used to record the results of the follow-up inspection.



An establishment folder will be considered to meet the standard when 80% of the inspection records reviewed meet all of the above concerns (i.e. 5 out of 6 inspection reports meet all of the standards).

### 3. How to judge compliance with MPR 6

- **Met –80%** of the establishments in the sample meet the standard.
- **Met with Conditions** – Critical and non-critical violations are being properly identified in 80% of the establishments. Approved inspection report forms are used, however, occasional clerical omissions bring the compliance rate slightly below 80%.
- **Not Met** – Less than 80% of the establishments in the sample meet the standard.

### 4. Tips for passing MPR 6

- Use an approved computer generated inspection report writing system.
- Use the MDA inspection report form.
- Develop an in-house quality assurance system whereby a supervisor or trainer reviews reports periodically.
- Do not write phrases on the report such as “OK” and “Corrected at time of Inspection” for critical violations. Document the specific action that has been taken to correct the critical violation (i.e. the turkey left out at room temperature has been discarded. All potentially hazardous foods at the cook line will be stored in the prep cooler).

## MPR 7 –Identification of Critical Violations- Field Review

### 1. Materials necessary for auditing the MPR

- MDA licensing computer printout
- Local health department facility files
- Field Inspection report
- Office Worksheet

### 2. Sample Selection

This MPR evaluates the quality of inspections conducted by local health staff members. The sample size is based upon the number of sanitarians conducting routine food service establishment inspections.

Number of Sanitarians	Sample Size
1 to 5	10
6	12
7	14
8	16
9	18
10	20
11	22
12	24
13*	26

\*The maximum field sample size is limited to 26 establishments regardless of the number of sanitarians. The size is limited to the number of establishments that two MDA staff members can inspect over a four-day period.

- From the sample selected in MPR 3, select a sample of food service establishments in accordance with the MPR 7 sample selection chart.
- Special considerations: The establishments should be full-service, open for business during the evaluation period, and geographically located to allow an efficient use of travel time. The sample from MPR 3 may have to be expanded to meet this criteria.
- A copy of the field sample list is provided to the office reviewers.

### 3. Program Indicators

- Each establishment folder is reviewed using the Office Worksheet to record the violations listed from the local health department's last routine inspection report.
- The field reviewer will conduct a Risk Based Inspection and complete a "Field Inspection" report form for each establishment. Risk Based Inspection techniques are detailed in MDA's "Procedures for Field Standardization of Local Health Department Trainers".

The MDA will use the following considerations in making judgments for identifying violations:

- Is the violation likely to have existed during the local health department's last inspection? If so, the violation should be marked.
- Does the violation appear to be either chronic or continuous? If so, the violation should be marked. The terms "chronic" and "continuous" are defined in MDA's Model Enforcement Procedures.

There may be circumstances for which the health department may not be directly responsible due to isolated mistakes made at the time of the review by food service employees. If so, a violation should not be marked. For example:

- A cold item held above 41°F on the buffet in an establishment that otherwise clearly demonstrates compliance, knowledge, and proper procedures in time/temperature relationships.
- An employee handles ready-to-eat food with bare hands in a kitchen where other employees are appropriately avoiding bare hand contact.
- The certified food manager temporarily leaves an unqualified person in charge during his/her absence.

The field reviewer will mark the corresponding box on the Office Worksheet for a violation that has not been identified by the local health department and will complete the Field Component Table.

Assessing individual establishment pass/fail for critical violation identification:

An individual inspection report is considered to meet the standard when the last local health department inspection report identifies at least 80% of the critical violations identified by MDA (there are 14 categories of critical violations listed on the Office Worksheet and Field Inspection report forms. Therefore, the local health department cannot miss more than three (3) critical violation categories).

### 4. How to judge compliance with MPR 7

- **Met** – At least 80% of the local health department's inspection reports evaluated in the survey pass the standard.
- **Met with Conditions**- At least 70% but less than 80% of the inspection reports evaluated in the survey pass the standard.
- **Not Met** - Less than 70% of the local health department's inspection reports evaluated in the survey pass the standard **AND/OR** An imminent health hazard is encountered in an operating

establishment that was in existence during the previous inspection, but was not identified on the local health department's inspection report.

### **5. Tips for passing MPR 7**

- Make certain staff are appropriately trained to conduct risk based inspections.
- Conduct internal quality assurance audits to make certain that staff are properly identifying critical and non-critical violations.
- Follow the department's enforcement policy when continuous and chronic violations are observed.

## **MPR 8– Inspections Result in Food Code Compliant Establishments – Field Review**

### **1. Materials necessary for auditing the MPR/Sample Selection**

- Use the same materials and sample used to audit MPR 7
- MPR 8 table from MDA document titled "Food Service Program Assessment Forms".

### **2. Program Indicators**

- From the Field Inspection Report Form, complete MPR 8 table.

### **3. How to judge compliance with MPR 8**

- **Met** – No violation category on MPR 8 table is marked more than 40% of the time.
- **Met with Condition** – Any critical violation category is marked between 40% and 59% on MPR 8 table **OR** Any non-critical violation category is marked more than 59% on MPR 8 table.
- **Not Met** – Any critical violation category on MPR 8 table is marked 60% or more of the time.  
**OR** Any two or more non-critical violation categories on MPR 8 table are marked 60% or more of the time.

**Note:** Violations identified by the local health department whereby formal enforcement action (office conference, administrative action, fines, court action, etc.) is underway, will not be counted as part of the total.

### **6. Tips for passing MPR 8**

- Make certain staff are appropriately trained to conduct risk based inspections.
- Conduct internal quality assurance audits to make certain that staff are properly identifying critical and non-critical violations.
- Follow the department's enforcement policy when continuous and chronic violations are observed.

## **Records**

### **MPR 9- Records**

#### **1. Materials necessary for auditing the MPR/Sample Selection**

The materials and sample used to evaluate MPRs 1 - 8, 10 – 15, 17-19, and 20 are used to evaluate MPR 3.

#### **2. Program Indicators**

- Records are maintained in accordance with "Annex 3 – Excerpt from MDCH General Schedule #7.
- The local health department staff is able to retrieve the records necessary for the audit.

- Applications and licenses are processed in accordance with law. Complete application and license information including the date of issuance, the date(s) of operation, and signatures of the operator and sanitarian are provided.

### 3. How to judge compliance with MPR 9

- **Met** – No significant record keeping problems are noted.
- **Met with Conditions**– Overall, records are properly handled, however, some minor problems were identified which need to be addressed.
- **Not Met** – The record keeping system is relatively unorganized. Obtaining records for the audit was somewhat difficult. License applications are not being processed in accordance with law.

### 4. Tips for passing MPR 9

- Assign one person the responsibility for maintaining the filing system.
- Use “Out-cards” when removing records from the filing system.
- Do not hold licensing materials. Process them immediately. Follow the enforcement procedure if there are problems preventing licensure.

## Enforcement

### MPR 10 – Enforcement Policy

#### 1. Materials necessary for auditing the MPR

- Copy of the local health department’s enforcement policy
- The records and sample used to evaluate MPR 2

#### 2. Program Indicators

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
- The policy is compatible with Chapter 8 of the 1999 Food Code, and the Michigan Food Law 2000.
- Determine if the department’s policy has enforcement procedures for addressing unauthorized construction, operating without a license, imminent health hazards, continuous critical and non-critical violations, and recurring critical violations
- Determine if the policy has been adopted and signed by the Health Officer.
- Review the past three (3) years of inspection reports from the sample of establishments to determine if the department’s enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate (see MDA Model Enforcement Policy for definitions):
  - ✓ Operation without a license
  - ✓ Imminent health hazards
  - ✓ Continuous critical and non-critical violations
  - ✓ Recurring critical violations

#### 3. How to judge compliance with MPR 10

- **Met** – At least 80% of the establishment folders reviewed indicate the enforcement policy is being followed. An enforcement policy **that meets the evaluation criteria** has been adopted.

- **Met with Conditions** – An enforcement policy that meets the evaluation criteria has been adopted. At least 80% of the establishment folders indicate the enforcement policy is being followed, however, there is at least one example of a significant lack of enforcement action that could have public health consequences.
- **Not Met** – Less than 80% of the establishment folders indicate the enforcement policy is being followed. An enforcement policy that meets the evaluation criteria has not been adopted.

#### 4. Tips for passing MPR 10

- Use the MDA model enforcement policy.
- Make certain that the model has been adopted by the health officer. The mere presence of a draft of the MDA model policy in a folder is not sufficient.
- Conduct routine quality assurance reviews to make certain staff are following the enforcement policy.

### MPR 11 – Unauthorized Construction

#### 1. Materials necessary for auditing the MPR/Sample Selection

- Use the same materials and sample selected for MPRs 1 and 2.

#### 2. Program Indicators

- Construction is not allowed prior to plan approval.
- Stop work orders and other enforcement actions are taken when construction related problems are observed.

#### 3. How to judge compliance with MPR 11

- **Met** – The records indicate that when the department learns that construction is occurring prior to plan approval, appropriate action is taken.
- **Met with Conditions** - Overall the department is taking action to prevent construction prior to plan approval, but there are one or two technical aspects that need to be addressed.
- **Not Met** – More than one of the records reviewed showed the department to be ineffective in preventing construction prior to plan approval.

#### 4. Tips for passing MPR 11

- Follow the department's enforcement policy whenever unauthorized construction is observed.
- Take immediate action.
- Use Stop Work Orders.
- Document the process.
- Develop a working relationship with the local building department.

### MPR 12 – New Construction – Field Review

#### 1. Materials necessary for auditing the MPR

- Sample selected for MPR 1
- MDA – “Field New Construction Report” form
- MDA – “New Construction Summary Table” form

## 2. Sample Selection

- This MPR is evaluated in the field.
- A selection of four (4) food service establishments that have been newly constructed or significantly remodeled, preferably within the last year, is obtained from the sample selection for MPR 1. The sample from MPR 1 may be expanded if necessary..

## 3. Program Indicators

- A field visit will be made to each of the newly constructed establishments in the sample.
- An inspection of the building and the equipment will be made to determine if the construction of the facility meets the Food Code. The evaluation will not determine if construction was completed in accordance with the approved plans.
- The inspection will focus only upon construction issues. Operational issues will not be considered. For example, a violation will be noted if there is no hand-drying device at the hand sink. A violation will not be marked if the towel dispenser is empty.
- A Field Construction Report form will be completed for each establishment.
- A New Construction Summary Table will be completed for the MPR.
- Assessing Individual Establishment Pass/Fail. There are 22 categories on the report form. A 90% compliance score is required to pass (No more than two (2) construction violations).

## 4. How to judge compliance with MPR 12

- **Met** - All four (4) establishments pass and no violation category in the New Construction Summary Table is checked more than twice.
- **Met with Conditions**– Three establishments pass - OR – Four establishments pass and one violation category in the summary table is checked three or four times.
- **Not Met** – Two or less of the establishments pass – OR – Two or more violation categories in the summary table is checked three or four times.

## MPR 13 – License Limitations

### 1. Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of establishments having licenses limited during the review period.

### 2. Sample Selection

- Ask the local health department for a list of establishments having a license limitation issued during the review period.

### 3. Program Indicators

- Determine if the reasons for limiting a license are in accordance with the Food Law:
  - (a) The site, facility, sewage disposal system, equipment, water supply, or the food supply's protection, storage, preparation, display, service, or transportation facilities are not adequate to accommodate the proposed or existing menu or otherwise adequate to protect public health.
  - b) Food establishment personnel are not practicing proper food storage, preparation, handling, display, service, or transportation.
- Determine if proper notice of the limitations have been provided to the applicant along with an opportunity for an administrative hearing.

- Determine if the license application is appropriately completed to indicate the establishment has a limited license.

#### 4. How to judge compliance with MPR 13

**Note:** It is unlikely that many licenses will have been limited over the three (3) year review cycle, therefore, a percentage allowance is not feasible.

- **Met** – The department issues limited licenses in accordance with the Food Law.
- **Met with Conditions** – Overall the department issues limited licenses in accordance with the Food Law, but there are some minor deviations that need attention.
- **Not Met** – The department does not issue limited licenses in accordance with the Food Law.

#### 5. Tips for passing MPR 13

- Develop a form letter for issuing limited licenses that includes legal notice requirements.
- Develop an internal review procedure that promotes uniformity.

### MPR 14 – Variances

#### 1. Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of variances evaluated during the review period

#### 2. Sample Selection

- Ask the local health department for a list of establishments having been issued a variance during the review period.

#### 3. Program Indicators

- Determine if variances are required for specialized processing methods as required by section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant Code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant Code sections will be alternately addressed by the proposal, and a HACCP plan if required.
- Determine if the department has a formal procedure for issuing variances.
- Determine if staff are following the department's procedures.

#### 4. How to judge compliance with MPR 14

**Note:** It is unlikely that many variances will have been issued over the three (3) year review cycle, therefore, a percentage allowance is not feasible.

- **Met** – The department issues variances in accordance with the Food Code.
- **Met with Conditions**– Overall the department issues variances in accordance with the Food Code but there are some minor deviations that need attention.
- **Not Met** – The department does not issue variances in accordance with the Food Code.

### 5. Tips for passing MPR 14

- Develop in-house procedures for issuing variances.
- Form an internal review procedure that promotes uniformity.

## MPR 15 – Consumer Complaint Investigation (non foodborne illness)

### 1. Materials necessary for auditing the MPR

- Local health department complaint tracking system
- Selected complaint files
- Local health department policy manual

### 2. Sample Selection

- Use “Annex 6 - Office Sample Size Chart” to determine the number of records for review.
- Follow “Annex 5 - Approved Random Sampling Methods” guide to select the sample from the complaint tracking system.
- Use the total number of complaints received over the past three years as the basis for determining sample size.

### 3. Program Indicators

- Determine if a consumer complaint tracking system has been created.
- Determine if consumer complaint investigations are initiated within five (5) working days.
- Determine if the local health department responds to anonymous consumer complaints in accordance with their policy.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or on the filed complaint record.

### 4. How to judge compliance with MPR 15

- **Met** – The department maintains a consumer complaint tracking system. At least 80% of the records reviewed indicate the department initiates complaint investigations within five (5) working days and documents the findings.
- **Met with Conditions** - The department maintains a consumer complaint tracking system. At least 80% of the records reviewed indicate the department initiates investigations within five (5) working days, but there are some minor documentation problems.
- **Not Met** – The department does not maintain a complaint log book and/or less than 80% of the records reviewed indicate the department initiates complaint investigations within five (5) working days, and/or the department does not documents the findings.

## Staff Training and Qualifications

### MPR 16 - Technical Training

#### 1. Materials necessary for auditing the MPR

- Training files for every new employee hired, or assigned to the food service sanitation program during the last review period

#### 2. Sample Selection

- The training record for each employee is reviewed.



### 3. Program Indicator

- Determine if the training record indicates each individual has completed training in the six designated skill areas: (a) Public health principles, b) Communication skills, c) Microbiology, d) Epidemiology, e) Food Law, Food Code, related policies, f) HACCP) within 12 months of being assigned to the program. The local health department's judgment as to the completeness and complexity of the training for each skill area prevails.

**Note:** Employees only involved in the inspection of specialty food service establishments are not included in the evaluation for MPR 16.

### 4. How to judge compliance with MPR 16

- **Met** – The training record for each employee indicates that training has been completed in the six (6) designated skill areas within 12 months from the date of being assigned to the program.
- **Met with Conditions** - The training record for each employee indicates that training has been completed in the six (6) designated skill areas, but the training period exceeded 12 months from the date of being assigned to the program.
- **Not Met** – Either training records are not maintained or the records indicate that training has not been completed in the six (6) designated skill areas.

## MPR 17 - Fixed Food Service Inspection Skills

### 1. Materials necessary for auditing the MPR

- Training files for every new employee hired, or assigned to the food service sanitation program during the last review period

### 2. Sample Selection

- The training record for each employee is reviewed.

### 3. Program Indicator

- Determine if the training record indicates if 25 joint inspections, 25 independent inspections under the review of the trainer (either on-site or paperwork review), and five (5) evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program (delete before being allowed to conduct independent inspections). Employees only involved in the inspection of specialty food service establishments are exempt.

### 4. How to judge compliance with MPR 17

- **Met** - The training record for each employee indicates 25 joint inspections with the standardized trainer, 25 independent inspections under the review of the standardized trainer, and five (5) evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program.
- **Met with Conditions** – The training record for each employee indicates 25 joint inspections, 25 independent inspections under the review of the trainer, and five (5) evaluation inspections have been conducted with the standardized trainer but there is evidence that independent inspections were being conducted prior to the completion of training).
- **Not Met** – Either training records are not maintained or the records indicate 25 joint inspections, 25 independent inspections, and five (5) evaluation inspections have not been

completed (delete and the employee(s) is conducting independent inspections) within 12 months of employment or assignment to the food program.

## **MPR 18 – Specialty Food Service Inspection Skills**

### **1. Materials necessary for auditing the MPR**

- Training files for every new employee hired, or assigned to the specialty food service sanitation program since either the last accreditation visit or October 2000; whichever is the most recent date. Employees include those who may be occasionally asked to inspect specialty food service establishments (temporary, STFU, vending, mobile).

### **2. Sample Selection**

The training record for each employee is reviewed.

### **3. Program Indicators**

- Determine if employees who inspect specialty food service establishments (mobile, vending, STFU, temporary) have knowledge of the Food Law, Food Code, public health principles, and communication skills, and have been endorsed by the supervisor for each type of establishment assigned for inspection before conducting independent inspections.

### **4. How to judge compliance with MPR 18**

- **Met** – The training record for each employee involved in the inspection of specialty food service establishments indicate the employee has knowledge of the Food Law, Food Code, public health principles, and communication skills, and has been endorsed by the supervisor for each type of establishment assigned for inspection before conducting independent inspections.
- **Met with Conditions**- The training record for each employee involved in the inspection of specialty food service establishments indicate the employee has knowledge of the Food Law, Food Code, public health principles, and communication skills, but conducted independent inspections prior to supervisor endorsement.
- **Not Met** – Either training records are not maintained or the records indicate an employee(s) does not have knowledge of the Food Law, Food Code, public health principles, and communication skills, and the employee has not been endorsed by the supervisor before conducting independent inspections for each type of assigned establishment

### **5. Tips for meeting MPR 16, 17, and 18**

- Develop a formal written training plan for new full time food service sanitation program employees and for employees occasionally assigned to various aspects of the program.
- Use MDA's "A Strategy For Field Training New Food Service Sanitation Program Sanitarians" as a training guide.
- Maintain a training folder for each employee. The trainer's guide for the "Training Program for the Professional Food Service Sanitarian" has some sample charts for documenting training. Charts are also available in "A Strategy for Field Training New Food Service Sanitation Program Sanitarians".
- A sanitarian new to a department who has become qualified and experienced while working in another local health department does not need to repeat field training requirements if the supervisor reviews the sanitarian's credentials and makes a written endorsement in the training record.
- Do not allow unqualified employees to conduct independent inspections.

## Foodborne Illness Investigations

### MPR 19 – Foodborne Illness Investigations - Timely response

#### 1. Materials necessary for auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- MDA list of local health department foodborne illness investigation (FBI) reports
- Foodborne illness investigation records generated since the last accreditation review

#### 2. Sample

- A maximum random sample of ten (10) foodborne illness investigation records for the review period will be evaluated.

#### 3. Program Indicators

- Determine if foodborne illness complaint investigations are initiated within 24 hours. “Initiated” includes the initial contact, phone calls, file reviews, etc. made by the person(s) responsible for conducting the investigation.
- Determine if the local health department has submitted a copy of the final written report to MDA within 90 days after the investigation has been completed.

#### 4. How to evaluate compliance with MPR 19

- **Met** – At least 80% of the foodborne illness investigations records reviewed contain all of the following elements: a) All foodborne illness complaint investigations are initiated within 24 hours. b) All final written reports are submitted to MDA within 90 days of investigation completion.
- **Met with Conditions** – Compliance with the above 70% of the time.
- **Not Met** – Compliance with the above less than 70% of the time.

### MPR 20 – Foodborne Illness Investigation Procedures

#### 1. Materials necessary for auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- Documentation of complaint log/tracking system reviews
- MDA list of local health department foodborne illness investigation (FBI) reports
- Foodborne illness investigation records generated since the last accreditation review

#### 2. Sample

- A maximum random sample of ten (10) foodborne illness investigation records for the review period will be evaluated.

#### 3. Program Indicators

- Determine if the complaint log or tracking system is systematically reviewed to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
  - a. A description of the foodborne illness investigation team and the duties of each member.

- b. Identify the frequency for reviewing the complaint log or tracking system for trends, who will review it, and how the reviews will be documented.
- c. Outline the methods used to communicate foodborne illness information with local health department employees, other governmental agencies, and organizations.
- Determine if the department uses procedures consistent with those contained in “Procedures to Investigate a Foodborne Illness”, 5<sup>th</sup> edition, published by the International Association for Food Protection.
- Determine if the department is using the proper forms for investigating foodborne illness complaints.
- Determine if the department follows MDA/MDCH June 24, 2003, memo titled “Foodborne Illness Reporting and Documentation”.

#### 4. How to evaluate compliance with MPR 20

- **Met** – Standard operating procedures that meet MPR 20 are in place and are followed.
- **Met with Conditions**– Overall the department has and follows standard operating procedures that meet MPR 20, however, some minor exceptions need to be addressed.
- **Not Met** – Written operating procedures that meet MPR 20 have not been provided and/or the procedures outlined in MPR 20 for investigating foodborne illness outbreaks are not being followed.

#### 5. Tips for passing MPR 19 and 20

- Attend the F.I.R.ST. training sponsored by MDCH and MDA.
- Staff conducting foodborne illness investigations should periodically review “Procedures to Investigate Foodborne Illness, 5<sup>th</sup> edition”.
- Assemble the foodborne illness investigation team at least once annually to review procedures.
- Contact local governmental agencies and organizations at least annually to review foodborne illness reporting and investigation responsibilities. Be certain to include local hospitals and the medical community in the policy.

## **Important Factors**

### **Food Service Sanitation Program**

#### **Important Factor I – Educational Outreach**

##### **1. Materials necessary for auditing the Important Factor**

Local health department documentation to demonstrate educational outreach in one or more of the areas listed under “evaluation”

##### **2. Program Indicators**

Determine if the local health department provides educational outreach activities, in addition to any training accomplished through the routine inspection process, in one or more of the following areas:

- Industry recognition program
- Food safety web site
- Industry newsletter
- Participates in FightBAC campaign
- Food safety month activities
- Food manager/employee training classes
- Other activities that increase the awareness of the risk factors and the control methods to prevent foodborne illness

##### **3. How to evaluate compliance with Important Factor I**

- **Met** – At least one of the listed educational outreach activities is being conducted on a routine basis.

#### **Important Factor II - Follow-up Inspections**

##### **1. Materials necessary for auditing Important Factor II/Sample Selection**

The materials and sample used to evaluate MPR 3 is used to evaluate Important Factor II.

##### **2. Program Indicators**

- A follow-up inspection shall be conducted by a local health department within no later than 30 calendar days, to confirm correction of all previously identified critical violations.
- An individual establishment will be considered to meet the standard when 80% of the follow-up inspections are conducted within 30 calendar days.

##### **3. How to judge compliance with Important Factor III**

- **Met** – At least 80% of the establishments in the sample meet the standard.

#### **Important Factor III – Continuing Education for Regulatory Staff**

##### **1. Materials necessary for auditing Important Factor III**

- Employee training records

##### **2. Program Indicators**

- Determine if every employee assigned to the food service program is completing at least 24 contact hours of food safety related training every 36 months. Examples of qualified training includes regional seminars, technical conferences, college courses, workshops,

training courses (i.e. sponsored by MDA, FDA, industry), and specialized in-service training (i.e. expert speaker at staff meeting).

- The number of contact hours of training can be pro-rated for employees who have been on the job less than 36 months (i.e. 12 months on the job; eight (8) contact hours required).
- Employees who have limited food service responsibilities (i.e. inspect only temporary food service, vending, or seasonal food service) are not obligated to meet Important Factor III requirements.

### **3. How to determine compliance with Important Factor III**

- **Met** – Every employee assigned to the food service program has received at least 24 contact hours of training every 36 months.

## **Important Factor IV – Program Support**

### **1. Materials necessary for auditing Important Factor V**

- The total number of FTEs assigned to the food service sanitation program
- The total number of licensed food service establishments
- Results of evaluation for MPRs 3, 4, 5, 6, 8, 9, 16, and 20

### **2. Comment**

Important Factor IV is derived from the U.S. Food and Drug Administration “National Recommended Retail Food Regulatory Program Standards; Standard 8 – Program Support and Resources”. FDA Standard 8 requires a staffing level of one full-time equivalent (FTE) devoted to the food program for every 280 to 320 inspections performed. Inspections for the purpose of this calculation include routine inspections, re-inspections, complaint investigations, outbreak investigations, follow-up inspections, risk assessment reviews, process reviews, variance process reviews, and other direct establishment contact time such as on-site training.

An average workload figure of 150 establishments per FTE with two inspections per year was originally recommended in the “1976 Food Service Sanitation Manual”. Annex 4 of the Code since 1993 has included a recommendation that 8 to 10 hours be allocated for each establishment per year to include all of the activities reflected here in the definition of an inspection. The range of 280 to 320 broadly defined inspections per FTE is consistent with the previous recommendations.

The 2003 Accreditation Tool standard indicated a staffing level of 125 to 225 establishments per FTE met the “Important Factor V – Program Support and Resources” standard.

### **3. Program Indicators**

Determine the actual number of FTEs assigned to the food service sanitation program.

Determine the number of FTEs needed to inspect all annually licensed food service establishments (except temporary food service establishments).

- a) Recommended Number of FTEs: Divide the total number of licensed establishments by 150.
- b) Minimum Number of FTEs: Divide the total number of licensed establishments by 225.

Determine the average number of FTEs required to inspect temporary food service establishments. Divide the total number of temporary food service licenses issued per year by 300.

Determine if the department is on ERBIS.

#### **4. How to determine compliance with Important Factor IV**

##### **Met –**

- A. The actual number of FTEs assigned to the food service sanitation program meets or exceeds the calculated recommended number of FTEs (Recommended number FTEs for annually licensed establishments plus average number for temporary food service establishments). **OR**
- B. The actual number of FTEs assigned to the food service sanitation program meets or exceeds the minimum number of FTEs (minimum number of FTEs for annually licensed establishments plus average number for temporary food service establishments) and MPRs 3, 4, 5, 6, 8, 9, 16, and 20 are either Met or Met with Conditions.

**Note:** A local health department on ERBIS automatically does not qualify for Important Factor IV.

#### **Important Factor V – Industry and Community Relations**

##### **1. Materials necessary for auditing Important Factor VI**

- Documentation to provide evidence of annual surveys or meetings held with the industry and community for the purpose of soliciting food service program related recommendations and feedback

##### **2. Program Indicators**

- The process may include both formal and informal mechanisms. An example of a formal process includes the establishment of an Advisory Committee. Informal mechanisms may include attendance at town meetings, industry association meetings, the use of surveys, etc.

##### **3. How to determine compliance with Important Factor V**

- **Met –** The local health department provides evidence to demonstrate that the department made either a formal or informal effort to determine the concerns of the industry and community at least once annually during the review cycle.

#### **Important Factor VI – Quality Assurance Program**

##### **1. Materials Necessary for Auditing Important Factor VII**

- Local health department quality assurance written procedures
- Completed MDA worksheets for MPRs 6, 7, 8, 10, 15, 19, and 20
- Employee training and quality control records

##### **2. Program Indicators**

Determine if:

- A written procedure has been developed that describes the jurisdiction's quality assurance program and includes a description of the actions that will be implemented if the review identifies deficiencies in quality or consistency.
- The quality assurance program includes a review of a least ten (10) inspection reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 24 months.
- Every employee assigned to the food service sanitation program has completed at least two (2) joint inspections with the standardized trainer every 24 months.
- The quality assurance program assures that inspection reports are accurate and properly completed, regulatory requirements are properly interpreted, variances are properly

documented, the enforcement policy is followed, foodborne illness investigations are properly conducted, and foodborne illness reports are properly completed.

**3. How to determine compliance with Important Factor VII**

- **Met** – A written quality assurance program has been developed. A quality assurance review is conducted at least once every 24 months. At least ten (10) inspection reports for each sanitarian's food inspection and/or foodborne illness investigation records have been reviewed. Every employee assigned to the food service sanitation program has completed at least two (2) joint inspections with the trainer every 24 months. MPRs 6, 7, 8, 10, 15, 19, and 20 are either Met or Met with Conditions.



## **Annex 1 - Corrective Plan of Action**

A corrective plan of action (CPA) is expected from a local health department for each MPR indicator that has been found “Not Met” during the evaluation. The Accreditation Program procedure requires the original CPA to be submitted to the accreditation administrative staff. To expedite review and acceptance by MDA, local health departments are encouraged to send a copy directly to MDA as soon as the CPA is completed.

### **Deadline for Submission**

The Accreditation Program Protocols and Policies 2002 states, “Local health departments must submit corrective plans of action to the Accreditation Program within two (2) months of their on-site review”. For more information on the Accreditation Program Protocols and Policies, see <http://www.acreditation.localhealth.net/>.

### **Content**

For each “Not Met” MPR, the written corrective plan of action must include:

1. A statement summarizing the problem (i.e. 45% of the food service establishments are presently being inspected at the required frequency).
2. A statement summarizing the standard (i.e. All food service establishments are required to be inspected once every six (6) months).
3. A detailed plan for correcting the problem including the names of the individuals responsible for each task, training needs, time lines, etc.
4. A procedure for monitoring the plan to make certain the plan is being carried out as intended.
5. A description of the corrective action that will be taken if the plan is not followed.
6. A method for evaluating results and for basing a request to MDA to conduct an on-site follow-up to verify that the plan has worked.

### **Follow-up Review**

Within no less than 90 days and no longer than one (1) year of acceptance of the CPA, the local health department must submit a written request for MDA to conduct a follow-up review to demonstrate compliance with the “Not Met” indicators. A minimum of 90 days of continuous compliance is required for the indicator to be found “Met”.

# Corrective Plan of Action Form

## SAMPLE PLAN

*Local Health Departments must submit the approved Corrective Plan(s) of Action to the Michigan Local Public Health Accreditation Program (MPHI, 2440 Woodlake Circle, Suite 150, Okemos, MI, 48864) within 2 months of the LHD's On-Site Review. [Protocols, Section VII, Michigan Local Public Health Accreditation Program Tool]*

Date: \_\_\_\_\_

Local Health Department Name: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

Local Health Department Staff Responsible for Implementing Corrective Plan of Action:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Indicator Not Met (one per form):

Indicator Number: 8

**Indicator Description:** **Element 2 (standard summary):** Inspections result in food compliant establishments: The local health department properly applies the Food Code to safeguard the public health and ensures that food is safe, unadulterated and honestly presented [FC 8-101.10(a)]

**Corrective Plan of Action (be specific and include details):**

- **Describe Corrective Plan of Action**
- **Include projected completion date of Corrective Plan of Action**
- **Explain how the proposed Corrective Plan of Action will correct the deficiency**

**Element 1 (problem summary):**

The accreditation review determined that 70% of restaurants reviewed had consumer advisory violations and 60% of restaurants reviewed had date marking violations. Indicator 2.8 guidance states that no violation category can be identified in the field review in more than 40% of the establishments visited.

**Element 3 (detailed plan):**

A. Within 7 days of MDA's acceptance of the CPA, the EH Director will convene a staff meeting for the 5 staff involved in routine inspections of food establishments. This meeting will discuss and begin implementation of the CPA.

B. The agency has just completed sending each food establishment: a consumer advisory pamphlet; an MDA date marking fact sheet; and a cover letter outlining the problem, explaining the need for increased attention to these two areas by operators, explaining the public health reasons for these requirements and advising operators of the increased focus on these areas during upcoming inspections. In addition, copies of these documents will be carried by inspectors during routine inspections, for distribution as needed.

C. Within 20 days of acceptance of the CPA, the agency standardized trainer will conduct a four hour office-based training on date marking and consumer advisory requirements. The training will involve sanitarians completing practical exercises to improve skills in problem areas. Our MDA area consultant will be asked to review the training curriculum in advance.

D. The agency standardized trainer will initially conduct three joint inspections with each sanitarian within the first 30 days after completion of office training to assure that the date marking and consumer advisory requirements are being applied properly and uniformly. The joint visits will be made to the same types of facilities that were visited during the MDA review.

E. Staff will cite violations observed during routine inspections for date marking and consumer advisories, inform establishments in writing of requirements for correction and conduct follow-ups as necessary to assure compliance.

F. Enforcement action according to the agency enforcement policy will be conducted against establishments which fail to correct date marking and consumer advisory violations. In summary, the enforcement steps are: If a violation is noted on two routine inspections and corrected each time or if a violation is not corrected after the first follow-up inspection, the sanitarian will work with the PIC to develop and implement a RISK CONTROL PLAN. Should the risk control plan not be effective in gaining long-term compliance, an office conference will be held as the first step in progressive enforcement.

G. A follow-up mailing to licensed establishments will be made after MDA's next review to advise (and hopefully praise) industry of the success of their efforts. This follow-up will be incorporated into the department's food safety newsletter sent approximately twice per year.

**Element 4 (monitoring procedure):**

A. An office quality assurance review will be conducted by the Environmental Health Director and standardized trainer. Files for full service establishments will be selected for review. The review will determine that consumer advisory and date marking violations are properly documented and corrected. B. A trend analysis will be conducted to determine the percentage of facilities receiving violations for the two problem areas, to determine consistency between staff, determine violation percentages for full service facilities as compared to the MDA evaluation report and track trends over time.

C. The agency standardized trainer will initially conduct a minimum of one joint inspection with each sanitarian approximately 90 days after completion of the previous joint inspections to assure that the date marking and consumer advisory requirements are being applied properly and uniformly. The joint visits will be made to the same types of facilities that were visited during the MDA review.

**Element 5 (correction if plan not followed):**

Additional training will be provided for specific staff as needed, based on the monitoring plan results.

**Element 6 (Method for verification):**

Once the office and field reviews determine that the plan has been successful in reducing the level of violation for the problem areas in full service facilities to less than 20%, and within the one year follow-up deadline, an MDA revisit will be requested.

## Annex 2 - Moot Point Principle

### The Principle

The principle applies when an MPR deficiency has been detected by the local health department during a review cycle through the normal quality assurance process, action has been taken to correct the deficiency, and there is no likelihood that the deficiency will recur.

### Application

The MPR in question is considered to be “Met” providing the following elements are documented and demonstrated:

1. The deficiency has been completely corrected and in place for at least 12 months prior to the evaluation.
2. The deficiency is not likely to recur.

Example in favor of applying the principle:

- Concrete steps have been taken to prevent recurrence.  
Problem: Inspections were not being conducted at the proper frequency.  
Solution: One additional sanitarian was assigned to the program. A computer tracking system has been installed. Computer generated reports are routinely evaluated by management. Corrective action is taken as needed. Inspections are now being conducted at the proper frequency.

Examples of reasons for not applying the principle:

- Improvements are noticed but concrete action to prevent recurrence is not documented.  
Problem: Inspections were not being conducted at the proper frequency.  
Solution: Inspection frequency was satisfactory during the 12 month period prior to the review. There is no documented management oversight system or other improvements to explain why the change occurred and why the problem will not recur.

**Annex 3 – Excerpt from MDCH General Schedule #7**

<b>Record Type</b>	<b>Minimum Retention Period (Years)</b>
Inspection Reports	CR + 5
License Applications	CR + 5
Annual Food Service Establishment Licenses	CR + 5
Routine Correspondence	CR + 3
Temporary Food Establishment Licenses	CR + 3
Legal Documents	CR + 10
Enforcement Actions	CR + 10
Food Outbreak Investigations	CR + 5
Water Supply Information	PERM – May destroy after 3 years if the establishment is connected to municipal water
Sewage Disposal Information	PERM – May destroy after 3 years if the establishment is connected to municipal sewer
Construction Plans & Specifications	5
Permanently closed establishment Plans and Specifications	3
Consumer Complaints	CR + 3

**CR = Creation****PERM = Permanent**

Reference: Michigan Food Law 2000, Section 3121(2), (3), (4)

## **Annex 4 - Procedure For Conducting Accreditation Re-evaluations of LHDs**

### **Purpose**

To determine if a local health department has met the minimum program requirements (MPRs) that were found to be “Not Met” during the initial accreditation evaluation.

### **Background**

The Michigan Local Public Health Accreditation Program requires a local health department (LHD) to request a re-evaluation for all MPR's that were found to be “Not Met” between 90 days and one year of the corrective plan of action (CPA) approval date. Failure to request a re-evaluation within one year will result in “Not Accredited” status.

### **Policy/Procedure**

- The re-evaluation will assess only those MPR's found to be “Not Met” during the initial evaluation.
- The re-evaluation will encompass the time period beginning with the implementation of the CPA.
- “Annex 6 - Office Sample Size Chart” and “Annex 5 - Approved Random Sampling Methods” guide will be used. Files selected for review will be limited to those reflecting work performed under the CPA. The re-evaluation may intentionally include previously reviewed records and establishments in order to assess progress.

### **Evaluation**

MDA will review the following:

1. The deficiencies found in the original evaluation
2. The CPA
3. The action taken to resolve the deficiencies
4. Results of the action

### **How to Judge Compliance**

- ✓ **Met-** The program indicator meets the definition of “Met” in the MPR Indicator Guide used during the original evaluation
- ✓ **Met with Conditions-** Substantial progress has been made. Continued implementation of the CPA will reasonably result in compliance.
- ✓ **Not Met-** Not in compliance with no reasonable expectations of being in compliance in the near future.

### **Exit Interview**

An exit interview will be conducted with the appropriate management staff.

### **Notification**

The MDA will send written notification to the Michigan Public Health Institute (MPHI) and the local health department as to the results of the re-evaluation.

### **Waiver of On-Site Review**

The MDA may waive the on-site review if it is possible to determine compliance from documentation submitted to MDA.

## Annex 5 - Approved Random Sampling Methods

Random number sampling introduces less bias than any other sampling method available. The objective is that every item on the list being used has an equal chance of being selected. For accreditation, MDA uses a simple random sampling method to draw all samples. MDA may place criteria on certain samples, thereby rejecting the selected document or file as not meeting pre-defined criteria, and then randomly selecting another, until one is drawn that meets the criteria.

To use a random selection method, it is necessary to have a list of the items to be selected from (i.e. licensed establishment list, plan review log, complaint log, etc.). Generate the list as randomly as possible to reduce bias (i.e. sorting by license number instead of A-Z produces a more random list). Many lists can be produced in only one format, such as a handwritten log that is in chronological date order.

### **Method #1: Random number generating calculator or computer software or hard copy random number table**

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five (5) establishments from the list.

Use the calculator, software or random number table to select five (5) random numbers from 1 to 175. Should the same number be generated twice, reject the duplicate and select another random number. For example, let's say the numbers selected are: 32, 86, 12, 143 and 106. You would then count from the beginning of the establishment list and choose the 12<sup>th</sup>, 32<sup>nd</sup>, 86<sup>th</sup>, 106<sup>th</sup> and 143<sup>rd</sup> establishments.

Note: Be sure you thoroughly understand how to properly use the calculator, software or random number table hard copy you have chosen. Should you be unsure how to properly use these tools, method #2 may be simpler and less prone to error for beginners.

### **Method #2: Select every K<sup>th</sup> facility**

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five (5) establishments from the list.

1. Number the list, starting with 1.
2. Have another individual select a number from 1-175 (the selected number may include 1 & 175). Let's say 40 is selected. Use the selected number (40) as the starting point.
3. Divide the total number of establishments (175) by the sample size (5).  $175/5 = 35$ . This means that every 35<sup>th</sup> establishment file will be selected for review.
4. Now find the 40<sup>th</sup> establishment from the beginning of the list. This is the first file that will be reviewed. Next count forward 35 establishments to find the second file to be reviewed. Continue until five (5) establishment files have been selected. When you reach the end of the list, continue counting from the beginning. You should have selected the following establishments: 40, 75, 110, 145 and 5. Should you need to select more than five, start over with #2 above to avoid selecting items previously selected.

## Annex 6 – Office Sample Size Chart

Determine the number of food establishments licensed, plan reviews conducted, temporary licenses issued, complaints investigated, etc., that a sample is to be drawn from. Find that number under population size, then find the number of files to be reviewed under sample size.

Population Size	Sample Size (n)*
4	3
5	4
6-7	5
8-9	6
10-13	7
14-16	9
17-19	10
20-23	11
24-27	12
28-32	13
33-39	14
40-47	15
48-58	16
59-73	17
74-94	18
95-129	19
130-192	20
193-340	21
341-1154	22
1155 +	23

\*Sample sizes were determined using "Sample XS" software available for free download from <http://www.myatt.demon.co.uk/>. The software assumes a p value of 0.95. The "estimated prevalence" used was 16% and the "± maximum error" used was 15%. The mean prevalence was determined using actual data from 17 accreditation reviews conducted during 2002 & 2003.



## Annex 7 – Using Computer Reports to Evaluate Frequency

An agency may prepare a frequency report for MDA evaluators to use. MDA evaluators will verify the agency prepared report. Prepare the basic reports as described below and maintain other reports or documents used to show what corrections were made to those basic reports when correcting for inaccuracies. Reports must include information on each facility and not just summary numbers for auditing purposes.

Frequency is calculated as follows:  $\frac{\#insp.done}{\#insp.due} \times 100 = \% frequency$

### Inspections Done

- Create a report with these basic report elements for the designated review period:
  - Facility name
  - Facility address or other identifier such as license number
  - Assigned Frequency
  - List of all routine and pre-opening inspections conducted for specified review period
    - Reports should not include follow-up and other types of visits
    - Reports should sort and group by assigned inspection frequency (i.e. put all 6 month inspections together)
- Report Example

### Food Service Inspections Conducted for XXX Department from 3/1/00 to 3/1/03

Facility Name	Address or License Number	Assigned Frequency	Routine & Pre-Opening Inspection Dates	
Downtown Theater	SFE3547364	6	R	4/12/01
		6	R	12/1/01*
		12	R	11/14/02
McDonald's	SFE2858393	6	R	5/18/01
		6	R	12/12/01
Subway	SFE3949859	6	P	6/5/02
		6	R	7/18/02
Elm Street School	SFE29839029	S	R	6/12/01
		S	R	9/20/02
			<b>Total</b>	<b>8</b>

\*Overdue- subtracted from total

- The following inaccuracies must be corrected for the report to be used:
  - Inspections done outside the one month grace period must be subtracted from the total number of inspections done. Look at assigned frequency and subtract any inspection done more than one month past the scheduled date, except seasonals would only be subtracted if not done during the operating period. Maintain documentation of which facilities were subtracted from the basic list.
  - Emergency Reduced Based Inspection System (ERBIS) or implementation of other reduced inspection frequencies could have facilities changing assigned frequencies within review periods. Reports will typically list assigned frequency at time report was printed, but not show varying frequencies over a historical period. This must be allowed for when deciding if a facility was inspected within the one month grace period.

## Inspections Due

- Create a report with these basic report elements for the designated review period:
  - Facility name
  - Facility address or other identifier such as license number
  - Assigned inspection frequency
  - Inspections due for period
  - Computer would have to calculate how many inspections should have been done. Calculate inspections due at: 2 per year for 6 month facilities, 1 per year for 12 month facilities and 0.66 per year for 18 month facilities.
- Report Example

### Food Service Inspections Due for XXX Department from 3/1/00 to 3/1/03

Facility Name	Address or License Number	Assigned Frequency	Inspections Due
Nut's To Go	SFE3547364	18	2
McDonald's	SFE2858393	12	3
Subway	SFE3949859	6	6
Elm Street School	SFE29839029	S	3
Baytown Elementary	SFE34021923	S	3
		<b>Total</b>	<b>17</b>

- There are several inaccuracies that are difficult to correct for using computer reports. Agencies should correct for these inaccuracies to calculate an accurate number of inspections due.
  - Reports would typically be generated from currently licensed facilities list. Licensing lists over a three (3) year evaluation period would vary. For example, if the number of licensed facilities increased over time, the number of inspections due calculated from a currently licensed list would be too high. The solution would be to calculate the number of inspections due for each year separately.
  - Facilities opening and closing during a review period, which would reduce the number of inspections due, wouldn't be compensated for. Agencies should identify facilities that opened or closed during a review period and subtract inspections as appropriate.
  - ERBIS or other reduced frequency plans could have facilities changing assigned frequencies within review periods. Reports will typically list assigned frequency at time report was printed, but not show varying frequencies over a historical period. Agencies should identify facilities that have been placed on a reduced inspection frequency and subtract inspections as appropriate.

## **Annex 8 - Accreditation Review Document Summary**

The following are the typical documents needed by food service program reviewers that must be available during a review.

### **Michigan Department of Agriculture (MDA) Provided Documents**

- ☐ Licensed facility list to draw samples from and lists of files randomly selected for review
- ☐ Log of foodborne illness reports submitted to MDA
- ☐ Field and office review worksheets

### **Local Health Department (LHD) Provided Documents**

#### **For Evaluation of Minimum Program Requirements (MPR's)**

- ☐ Documentation relating to moot point principle. See MPR Indicator Guide, Cycle 3, Annex 2.
- ☐ Plan Review Log
- ☐ Plans review files selected for review (all documents and plans relating to review). List of specific files selected will be provided during review.
- ☐ Establishment file for plans selected (pre-opening inspection & license are needed)
- ☐ Establishment files selected for review (complete and current file, may include, fixed, mobile, STFU, vending, etc.). List of specific files selected will be provided during review.
- ☐ Establishment inspection summary meeting criteria specified in MPR Indicator Guide, Annex 7 (Optional)
- ☐ Temporary licenses and inspections for review period
- ☐ List of establishments having their licenses limited during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- ☐ List of variances evaluated during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- ☐ Consumer food complaint log and selected complaint files
- ☐ Foodborne illness complaint log and selected complaint and outbreak investigation files
- ☐ IAFP 5<sup>th</sup> Edition "Procedures to Investigate Foodborne Illness".
- ☐ Training files for every new employee hired or assigned to the food program since either the last accreditation visit or October 2000; whichever is the most recent date. Employees include those who may be occasionally asked to inspect specialty food service establishments (temporary, STFU, vending, mobile).
- ☐ Policy & procedure documents relating to:
  - plan review (including forms used)
  - conducting inspections and preparing inspection reports
  - licensing, including license limitations
  - enforcement, including documentation of policy adoption (by who and date adopted)
  - variances
  - consumer complaint investigation
  - foodborne illness complaint and outbreak investigation
  - vending inspection frequency

**For Evaluation of Important Factors**

- ☐ I- Documentation to demonstrate educational outreach in one or more of the areas listed under "evaluation" in the MPR Indicator Guide.
- ☐ II- Copy of MDA approval for local health department HACCP program. Copy of agency's approved plan and timetable for promoting and implementing HACCP in food service establishments. Establishment records documenting HACCP program activity.
- ☐ III- Employee training records
- ☐ V- Documentation of the total number of FTE's assigned to the food service sanitation program.
- ☐ VI- Documentation of annual surveys or meetings held with the industry and community for the purpose of soliciting food service program related recommendations and feedback.
- ☐ VII- Food service program's quality assurance written procedures.

### Annex 9 – Approximate Review Timeline for a Single Office Agency

Day	Activity	Documents Needed*	Provided By
1	Field- Review list of facilities to be visited. Arrange for LHD staff to accompany MDA field reviewer.	<b>List of establishments to be visited.</b> Alternates may be selected if some facilities are closed or not available for a review.	MDA
	Four facilities, less than 2 years old, will be selected for new establishment field review.	<b>Plan review log</b> for review period. Need to have staff available who can determine which facilities are open, operating and available for an on-site visit.	LHD
	MDA reviewer looks at policies as needed at this point.	<b>Food service policy manual, plus any moot point documentation.</b>	LHD
	Office- MDA reviewer draws sample of plan review files to be reviewed.	<b>Plan review log</b> for review period. Need to be able to determine which reviews were received after beginning of review period and which have been completed through pre-opening inspection.	LHD
	LHD staff pull plans for review.		
	MDA reviewer reviews plans.	<b>Plan review documents</b> , including pre-opening inspection and license application.	LHD
	Office- LHD staff pull establishment files for review.	<b>List of establishment files to be reviewed</b>	MDA
	MDA reviewer begins file review if time permits.	<b>Establishment files</b>	LHD
2	Field- LHD staff accompanies MDA field reviewer.		
	Office- MDA reviewer starts or continues establishment file review.	<b>List of vending establishment files to be reviewed</b>	MDA
	LHD pulls vending establishment files for review.	<b>Vending establishment files</b>	LHD
	MDA reviewer reviews files.		

3	<p>Field- LHD staff accompanies MDA field reviewer. LHD staff pull establishment files for facilities visited. MDA reviewer begins file review for establishments visited. Office- MDA reviewer schedules exit interview.</p> <p>LHD staff pulls temporary food services licenses.</p> <p>MDA reviewer selects sample and reviews selected temporary food service files.</p> <p>MDA reviewer selects consumer and foodborne illness complaint sample.</p> <p>LHD staff pull selected consumer and foodborne illness complaint files.</p> <p>MDA reviewer reviews selected consumer and foodborne illness complaint files.</p> <p>MDA reviewer reviews limited licenses and variances, if any for review period.</p> <p>MDA reviewer reviews training documentation for new staff assigned to the food program during the review period.</p>	<p><b>Establishment files for facilities visited</b></p> <p><b>Temporary food service licenses</b> issued during review period, organized by year</p> <p><b>Consumer and foodborne illness complaint logs</b> for review period</p> <p><b>Selected consumer and foodborne illness complaint files</b></p> <p><b>Logs for limited licenses and variances. Files containing limited licenses and/or variances for review</b></p> <p><b>Training documentation for new staff. Supervisor endorsement documentation for new staff doing specialty foods.</b></p>	<p>LHD</p> <p>LHD</p> <p>LHD</p> <p>LHD</p> <p>LHD</p> <p>LHD</p>
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4	<p>Field- MDA reviewer completes file review for establishments visited. Reviewer summarizes results of field evaluation and prepares for exit interview.</p> <p>Office- MDA reviewer reads policies</p> <p>MDA reviewer reviews documentation relating to important factors and interviews EH director regarding important factor related information. Program managers need to advise MDA reviewer which IF's the agency is not attempting to meet.</p> <p>MDA reviewer summarizes review information and prepares for exit interview.</p>	<p><b>Food service policy manual.</b></p> <p>Documentation showing how agency is meeting important factor standards. See documentation summary, MPR Guidance Document, Annex 8.</p> <p>Copies of various materials made for exit interview. Secretarial assistance usually needed.</p>	<p>LHD</p> <p>LHD</p>
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\*For a more complete description of documents needed, see, MPR Guidance Document, Annex 8 "Accreditation Review Document Summary".

#### NOTES:

Multiple Offices- When an agency has food program files in multiple offices, all the various records that each office maintains would need to be made available during the visit. For example, during a partial day visit to an office in a district the following types of files are normally reviewed: plans, establishment files, vending files, complaint and foodborne illness files, temporary food service licenses and employee training records.

MDA reserves up to 5 days to conduct each review, in the event additional time is needed due to larger than normal sample sizes or delays. MDA also increases the number of staff assigned to conduct reviews, if needed to maintain a particular schedule.